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Alcohol Re-examined

Including a Report on the Yale Center of Alcohol Studies

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Alcohol Re-examined

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In this issue of SOCIAL PROGRESS we discuss some of the problems relating to the use of beverages containing alcohol. These problems are so pervasive that they affect all of us.

The material has been prepared by the staff of the Department of Social Education and Action. The scientific and technical parts were written in consultation with Dr. Selden Bacon and Dr. Leon Greenberg of the Yale Center of Alcohol Studies.

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I. What It's All About

In this opening section we consider why people drink, and some of the wide and complex social effects of drinking in the lives of people. Because the effects reach into so many areas of life, it is not "the alcohol problem" we are talking about but, rather, "the problems related to alcohol."

Statistics about the per capita consumption of alcohol and the vast sums spent each year for alcoholic beverages are interesting and somewhat indicative of the wide scope of the related problems, but they do not begin to tell the story. The figures themselves need to be carefully analyzed. Statistics of this sort can be misquoted all too easily, and without proper interpretation they are often misleading.

Especially important are the questions about the social and cultural forces that seem to motivate drinking and the reasons for the Church's continuing concern.

Q. Why is drinking a problem?

A. We are talking, of course, about the use of alcoholic beverages—distilled spirits, wines, malted drinks.

Drinking is a problem because of what alcohol does to people who drink it, because of the way its effects may change their behavior and may change it adversely. It is a problem also because of the way people whose behavior is affected by drinking affect other people.

An excessive drinker may frighten, disgust, damage the property of, injure, or even kill another person. He certainly can damage himself and those dependent upon or related to him. However, the adverse changes need not and unfortunately do not stop at this point. The problems related to excessive drinking lead to programs and activities intended to alleviate, minimize, or prevent the kinds of behavior cited above. These programs and activities in turn may set off conflicts that are socially disorganizing and demoralizing.

Q. How does the drinking of alcohol affect people?

A. It depends on the people you have in mind and the amount they drink. In general, we are concerned about drinking because of its effect in the realm of behavior. Of course, in order to influence behavior, alcohol must have some effect in the human body. We are interested in

the physiological changes (ordinarily they are quite temporary) brought about by alcohol in the human system because of their bearing upon behavior.

A most vivid manifestation of alcohol's power to influence behavior is intoxication. The fact that alcohol in sufficient quantities affects the central nervous system in such a way as to influence behavior is the common element among the problems of alcohol. Indeed, this is the core of the matter. To locate the trouble elsewhere, as some do who emphasize the damage done by alcohol in the human body, is unrealistic and misleading.

Q. What about some of the wider effects?

A. There certainly are "wider effects." No man is an island, and intoxication or even less dramatic effects often involve a wide circle of persons. If others were not affected, the problem of excessive drinking would not be greatly different from the problem of overeating. But a person under the influence of alcohol may behave erratically and irresponsibly. He is often a nuisance to those around him, and sometimes a menace, especially when he is driving a car or making a "life or death" decision. Alcohol's influence, when it adversely affects behavior, is felt in many places—in family life, in the shop and office, in the courts, on the highways. There are many aspects—medical, moral, domestic, legal, financial, religious, social. Indeed, it is better, much more descriptive of the complexity of the matter, for us to talk about *the problems related to alcohol*, rather than *the alcohol problem*.

Q. How many people use alcoholic beverages?

A. We can give you only an estimate. In the United States today there are approximately 116,000,000 people fifteen years of age and over. Of these, 70,000,000 persons or more, approximately 60 per cent, use alcoholic beverages.

In talking about people who drink, of course, we must remember that there are many kinds of drinkers. For many specific purposes it is rather ridiculous to put a once-or-twice-a-year drinker (New Year's Eve and/or wedding anniversary?), or the devout Jew who uses wine according to the ritual of his faith, in the same statistic as a drunken driver or a skid-row alcoholic, but the fact remains that they are all users of alcoholic beverages.

We should remember that the number of persons affected by the problems of alcohol is a much larger statistic than the number of persons who drink to excess. The wife and child of an alcoholic, who themselves may not drink, are deeply involved in his difficulty. Often his employer, his fellow workers, his neighbors are likewise affected.

Q. Do women drink as much as men?

A. The answer is no, although the reader may be tempted to say that he knows some women who do.

It is generally assumed that more men than women use alcoholic beverages in this country. It is also believed that a large majority of the women who drink do so only occasionally. Alcoholism is much more prevalent among men than women, the ratio being approximately six to one.

In all these statistics about the number of people who use alcoholic beverages, we must remember that the figures do not apply equally in all parts of the country, or all segments of the population. For example, in our larger cities the incidence of drinking tends to be much higher than in rural areas, even in the same state. The incidence is higher among prosperous and educated persons than among the uneducated and persons of low income.

Q. Is drinking increasing in America?

A. Do you mean the number of people who drink, or the amount of alcoholic beverages they consume, or the actual consumption of alcohol (there's a difference)?

As to the first, there may have been an increase in the number of persons using alcoholic beverages between 1940 and 1947—in proportion to the "fifteen and over" population. There has been relatively little change in the last five or six years.

As to the second, in the last one hundred years there has been a giant increase in the use of malted beverages (beers and ales) and a dramatic decrease in the use of distilled spirits (whisky, brandy, rum, gin). It is useful to compare liquor consumption in 1850 with that of 1950. In 1850 the consumption of alcoholic beverages was largely limited to a relatively small but "hard-drinking" section of the American population, while in 1950 the use of alcoholic beverages was spread over a much larger proportion of the population, but individual consumption was considerably smaller. In 1850, 90 per cent of all legal alcohol consumed was in the form of distilled spirits, while 5 per cent of all legal alcohol was in the form of brewed beverages. In 1950, distilled beverages accounted for about 42 per cent of the total while the use of malted beverages has risen to 48 per cent of the total. In terms of absolute alcohol, there was virtually no difference in per capita consumption between 1850 and 1950 (in comparing these two years alone without regard to what happened in between).

As to the third, it should be said that the real clue to the rate and amount of drinking is the per capita consumption of absolute alcohol, whether in beer or wine or distilled spirits, by that segment of the population, fifteen years of age and older,

in which drinking occurs. It is only in these terms that the statistics for one year are comparable with those of another year. In 1940 the amount, in terms of the above, was about 1.14 gallons of absolute alcohol. During the war there was a dramatic increase to a high in 1946 of 1.95 gallons. In 1950 the amount was 1.79 gallons, about the same as 1945.

Q. What does all this mean in terms of money?

A. Annual expenditures for alcoholic beverages have been high for many years. In the five years before World War II the sums were rather constant, ranging from $3,160,000,000 in 1936 to $3,870,000,000 in 1940. Sharp increases were recorded in each of the next seven years, reaching a high in 1947 of $9,640,000,000. The figure has nudged or edged the nine billion dollar mark in the last several years, an amount approximating 4 per cent of all consumer expenditures.

These figures are interesting, but they are not to be regarded in any way as a reliable index of the amount of drinking in America. The annual bill for alcoholic beverages reflects several factors in addition to the amount of liquor consumed. For example, some beverages cost considerably more than others; packaged liquor for home use is cheaper than the same quantity sold by the drink in a bar or restaurant; changes in the liquor tax structure are quickly reflected in liquor prices. More important, these figures do not take into account changes in population or variations in the value of the dollar. Figures on rent, motion pictures, and wages (to take three at random) would show giant increases between 1936 and 1947.

Further, drinking is for many, if not for most, something of a luxury and is peculiarly sensitive to depression-prosperity changes. The years 1932 to 1938 were at one end of that continuum and the late '40's at the other end.

Q. Why do people drink?

A. This is a complicated question.

A recent study of drinking practices among college students in America suggests that an individual is greatly influenced by the behavior patterns of his own social group with respect to the use of alcoholic beverages. Individual deviation is always possible, but it is less likely to occur when the group has a strong, consistent pattern, well integrated with its other customs. The study brought out clearly the importance of cultural forces as opposed to individual determination.

It is superficial to say that many people drink "for business reasons" or "in order to be a good sport" or "to keep my husband company." These are popular rationalizations "after the fact" and do not usefully illustrate the cultural forces in the emergence of drinking.

The element of personal enjoyment and satisfaction has often been listed as a motivating factor in practically all drinking. Many people feel that alcohol really performs for them a useful function such as the dissolving effect upon shyness and other inhibitions which make social contacts difficult for many people. Unfortunately, the drinker cannot limit this decontrolling function to the one area or aspect of his personality which he might wish to relax; other types of control are also relaxed, sometimes with unhappy results. The control of drinking itself may be diminished, leading to intoxication.

The alcohol beverage industry itself may be a factor in motivating drinking among persons who are not committed to, or strongly inclined toward, abstinence. The availability of liquor, so that it is only as far away as the nearest drugstore or telephone in many communities, is likely to be an influence of some importance. Even so, we should not lose sight of the fact that the alcohol beverage industry in America is a result, rather than a significant cause, of a desire on the part of many American people for the satisfaction of certain "needs." It is a dangerous oversimplification to believe that the industry alone is responsible, or is mostly responsible, for the problems related to the use of alcoholic beverages in America.

Personal preference, biological forces, and ethical considerations are all relevant to the question of why people use alcoholic beverages. But they cannot explain drinking. As Dr. Bacon and Dr. Straus point out in *Drinking in College*, "Seeing drinking as a custom affords a more realistic and broader view, more effective discrimination and insight, and the possibility of developing safer and surer techniques of control." The importance of this concept (drinking as a custom) can hardly be overstated for those interested in alleviating and preventing the problems of alcohol.

Q. Why is all this a matter of concern to the churches?

A. Because as Christians we are interested in persons. We want every man and woman to be the kind of person God wants him to be. We take seriously the New Testament teaching about the dignity and worth of personality, and so we are interested in everything that bears upon human life.

When we lay this standard over the problems related to alcohol, there can be no question about our Christian responsibility for promoting personal and national sobriety. The use of alcoholic beverages brings difficulty and disaster to many persons. Because of the way in which drinking may distort, degrade, and destroy the lives of people, the churches are bound to be concerned.

II. Inside Information

Alcoholic beverages are as old as civilization. Nearly all primitive peoples knew about and used them, usually in the form of fermented fruit juices or grain brews. Strange effects produced from drinking these beverages were often attributed to a mysterious divine influence or presence. Much mystery still remains about how alcohol really acts upon the body, but modern research has gone far to explain what goes on when alcohol is received into the human system. Let us consider in this section what alcohol does in the body and how it affects the functioning of the body.

Q. What, in general terms, is the action of alcohol in the human body?

A. Alcohol acts in the body as a nerve depressant, as an anesthetic. It produces a progressive depression of the central nervous system, an action that is characteristic of this group of anesthetic drugs.

Sometimes alcohol is called simply a drug. This term applies to so many kinds of substances that it is apt to be highly misleading. The drugs that act predominantly on the nervous system may be classified as follows: sedatives, which relieve nervous tension and induce calmness (bromides); hypnotics, which promote sleep without first inducing intoxication (barbiturates); narcotics, which relieve pain and induce stupor or deep sleep (morphine); analgesics, which relieve pain without producing sleep (aspirin); anesthetics, which progressively depress the central nervous system (ether, chloroform). Alcohol definitely belongs in the last of these five classes of drugs.

Q. Is alcohol a stimulant?

A. The answer is no, although a person may feel exhilarated, strong, capable when he has a few drinks under his belt. Here is a paradox that needs some explanation. After two or three drinks, the anesthetic action of alcohol begins to affect the higher functions of his brain—those having to do with judgment, self-criticism, self-control, inhibitions. A subtle change takes place as alcohol begins to act. The fears and uncertainties that serve as a restraint on his behavior are subdued. He may feel greatly stimulated, but this is only an illusion. It may seem that the motor has been accelerated, but really the brakes have been eased.

Q. Is alcohol a food?

A. Here again we are dealing with a

"loaded" word. If by food you mean a substance that is actually used in the body when consumed through the digestive system, that provides something the body needs, then alcohol is a food because it is a highly potent source of calories. The trouble with alcohol as a food is that it provides nothing else—no carbohydrates, no minerals, no proteins, no vitamins. Inconsequential amounts of these other substances may be present in alcoholic beverages, especially in the malted liquors, but alcohol itself, and alcoholic beverages generally, have little all-round nutritional value.

Q. Does alcohol damage the body?

A. I imagine you have in mind the damage that alcohol may or may not do in the body apart from its action in the central nervous system. The experts, such as the biochemists and physiologists who do reliable research in this field, are generally agreed that the direct effect of alcohol upon the organs and tissues of the body is not great.

When alcohol enters the stomach, it stimulates the flow of digestive fluids, and the alcohol itself is quickly diluted to a nonirritating concentration. But heavy users of strong alcoholic beverages sometimes do develop gastritis and other stomach disorders, and these are due to the direct action of alcohol upon the affected tissues. In the blood, alcohol is always diluted far below the point at which it could irritate even the most delicate tissues of the body. This concentration seldom reaches .40 per cent—four parts of alcohol in one thousand parts of blood.

"Laboratory demonstrations" such as putting an angleworm in a glass of whisky and watching it curl up and die, which are intended to show alcohol's effects on animal tissue and other organic substances, are often completely misleading since they employ alcohol at much stronger concentrations than ever can occur in the human body. We might add that if the alcohol concentration in the blood stream should reach only .7 of one per cent (only seven parts of alcohol in one thousand parts of blood), death would follow as a result of deep anesthesia.

The liver is often affected by alcoholic intoxication. A number of physiologists believe that in some people alcohol may affect the action of the liver in such a way as to permit the formation of fatty tissue. After a rather long period of heavy drinking —it may take ten years—a condition develops which is called cirrhosis of the liver. This disease appears also in persons who do not drink, and is generally classified as relating to some kind of nutritional deficiency. We know that many heavy drinkers, especially alcoholics, are extremely careless with their eating and suffer from a variety of nutritional disorders. It is certainly not surprising that cirrhosis of the liver is found

among alcoholics much more often than among nondrinkers. Indeed, the relationship is such that the death rate from cirrhosis of the liver is used by experts in estimating the incidence of alcoholism in a region such as a state or nation.

This business about the liver and cirrhosis is rather typical of the "damage" caused by alcohol in the human body. Many of the disorders and diseases that fifty years ago were labeled "alcoholic" are now recognized as being for the most part related to malnutrition caused by the alcoholic's neglect of food.

An important effect upon the vascular system is the causing of a temporary dilation of the capillaries near the surface of the body. This results in a movement of blood to the surface and a feeling of warmth. Actually, there may be a slight lowering of body temperature. This is one of the serious hazards of being drunk in a cold environment.

A great deal of research and study needs still to be done on the precise nature of alcohol's action in the central nervous system. The effects of alcohol on the physiology of man are known to some extent but call for further research relating to the "hang-over" effect, the production of fatty liver and liver cirrhosis, the problem of alcohol tolerance, the use of disulfiram in the treatment of alcoholism, and the relationship of nutritional deficiencies to excessive drinking.

Q. Does a person who drinks live as long as one who abstains from the use of alcoholic beverages?

A. This question has been under discussion, up and down, for a hundred years. It has been the subject of a great deal of research, based mostly in the past on the mortality records of life insurance companies. The reliability of the data used in these studies, by modern research standards, is not at all good. As may be expected, the results are uneven and inconclusive. Two noted studies of this sort came to opposite conclusions about the effect of moderate drinking on length of life. In general and at best, the studies have appeared to show that moderate drinkers probably live as long as abstainers, while chronic excessive drinkers may expect a life span as much as ten years shorter than their moderate drinking and abstemious fellows.

Q. What about the action of alcohol on the brain?

A. We have said that its action on the brain is that of an anesthetic, like ether and chloroform. It produces progressive depression of the central nervous system (the brain). Some physiologists believe that this is due to a diminished ability of the nerve cells to utilize oxygen, although there is no sound experimental verification of this conclusion.

The action of alcohol in the brain is related in degree very closely to

the concentration of alcohol in the blood stream. When the alcoholic content of the blood is less than .05 per cent (five parts of alcohol in ten thousand parts of blood plasma) the anesthetic action begins to appear with a feeling of well-being along with slight impairment of efficiency. At .10 per cent (ten parts in ten thousand) a person may be said to be "under the influence" of alcohol. At .15 per cent the early stages of intoxication are in evidence. When a concentration is above .20 per cent, the more advanced manifestations of drunkenness appear. At .40 per cent the drinker is usually "dead to the world." At .50 per cent and over he is in danger of losing his life through deep anesthesia and the resulting paralysis of the muscles controlling breathing.

Q. How much alcohol does it take to make a person drunk?

A. It depends on what you mean by drunk. It also depends on the person, —his size, his drinking experience, his ability to control the outward symptoms of intoxication. Other factors are the amount of food in his stomach at the time of drinking, and the form in which the alcohol is received. The concentration of alcohol in the blood increases as long as the rate of absorption, from the gastrointestinal tract into the blood stream, is greater than the rate of oxidation and elimination.

Consider what happens when a man has a couple of drinks before dinner—perhaps two cocktails containing altogether one ounce of alcohol. In case there is no food in his stomach, the alcohol is absorbed into the blood stream at a fairly high rate. Within five minutes detectable amounts may be found in the blood and the one ounce of alcohol is completely absorbed in about thirty minutes. If the drink had been consumed with food or after eating, the absorption rate would have been much slower. Likewise the rate would have been retarded if the beverage had been two bottles of beer with an equivalent amount of alcohol instead of two cocktails.

As soon as the alcohol appears in the blood, a complicated metabolic process gets under way. About ten per cent of it is eliminated through the lungs and kidneys. The remainder stays in the blood until it is entirely oxidized. This means that in our present example the one ounce of alcohol is entirely used up in about three hours, with the peak of alcohol concentration in the blood stream occurring about thirty minutes after the cocktails are consumed. If our "example" weighs 150 pounds, the maximum concentration is about .04 per cent, or four drops of alcohol per ten thousand drops of blood, and he may be said to be very slightly "under the influence" of alcohol—enough to have some effect on his ability to drive an automobile.

If our "example" had consumed

half a dozen cocktails instead of the two about which we have been talking, he would very likely become intoxicated.

Q. How does alcohol affect the efficiency of the body?

A. There have been a great many studies on the effects of moderate amounts of alcohol upon various skills. The results of these studies may be summarized as follows: Reaction time, the time it takes a person to respond to a signal, is considerably delayed; the ability to distinguish between different intensities of light and sound is notably diminished; the ability to add numbers is decreased; the ability to memorize is lessened; the power of reasoning, such as the ability to solve simple problems in arithmetic, is reduced; the control of manual movements, especially those requiring considerable finger dexterity, is greatly affected; the power of concentration is impaired.

There is a notable story of a man in England a couple of generations ago who had great skill as a marksman. In practice he could hit the bull's-eye twenty times out of twenty tries. In competition, however, he tightened up so that his score was only twelve out of twenty. This happened two or three times until his friends decided that he needed some whisky before a round of shooting. With a little alcohol in his system, his score rose from twelve to seventeen bull's-eyes out of twenty tries. You see what happened. The alcohol enabled him to relax and to loosen up, so that his score was higher than it had been when he first entered competition. At the same time, the alcohol reduced his efficiency so that he was unable, though relaxed, to make the perfect score which he could easily make when not in a competitive situation.

Q. How about drinking and driving?

A. The effect of alcohol upon driving is twofold. First, there is a lowering of efficiency in the skills and functions used in driving—reaction time, visual efficiency, manual dexterity, attention, judgment. Secondly, and more seriously, small amounts of alcohol may cause the driver to believe that his efficiency and ability have actually increased. The combination of these two effects is sometimes disastrous, both for the driver and for other persons.

Extensive investigations of the influence of mild amounts of alcohol on driving skills have been made in Sweden's famous Caroline Institute by Dr. Leonard Goldberg. In his study, he tested 37 skilled drivers, most of them instructors in driving schools. The men drove through six road tests designed to measure a variety of driving skills and to produce considerable driving fatigue. Each of the drivers was clocked over the course. They were then put into two groups. The drivers in the drinking

group were given enough alcohol to produce an average blood concentration of less than .05 per cent—under the legal "proof" of sobriety in many American courts. All the drivers were run through the road test a second time. The men in the control group shortened their driving time by twenty per cent, while the drinking drivers took longer by twenty-five per cent, although many of them thought that they had done better. On the three tests most closely resembling normal driving conditions, ability was impaired by more than forty per cent.

It is no wonder that authorities are urging vigorous enforcement of uniform laws throughout the country against driving while under the influence of alcohol. It has been widely recommended that police officers be required to make tests for blood alcohol in persons connected with all serious automobile accidents. Instruments for this purpose are now available, such as the Alcometer developed at the Yale Center of Alcohol Studies and used successfully by the Connecticut State Police.

No one can calculate the waste and havoc of alcohol-induced traffic accidents. Everyone who purchases automobile accident insurance, with its rising premium rates, is making a sizable contribution to the cost of alcohol indulgence.

Q. What is the crux of the problem?
A. Well, we began this section by talking about the nature of alcohol's action in the human body, and here we are talking about drinking and driving. That is to be expected, because alcohol's action in the body is such as to change behavior. After all, the real danger in the use of alcoholic beverages is not what they do to a man's body, but what they do to his behavior.

When we try to build a case against drinking by citing what it may do to the liver or the stomach or the kidneys of a man who drinks excessively, there will rise up all about us "exhibit A's" to the contrary—drinkers in whom these things never happen. The same can be said for the effect of drinking on length of life as an argument against the use of alcoholic beverages. With fair regularity, we read in the papers about a Mr. So-and-So who has lived to a ripe old age and attributes his health and vigor to the fact that he drinks a glass of wine every day. These "exceptions" do not prove anything, but they certainly weaken, for popular use, an argument against using alcoholic beverages based on physiological "facts."

When we talk about the action of alcohol in the central nervous system and its effect on behavior, however, we are using facts that cannot be denied or refuted.

III. Helping Alcoholics

Is alcoholism a proper subject for Christian concern? Strange as it may seem, some church people have to be convinced that the tragic victims of alcoholism are sick persons who need the Church's compassionate understanding and help.

Ministers and congregations can do much to strengthen and guide the families of alcoholics and to co-operate with community rehabilitation and counseling services for the treatment of problem drinkers. The question, "What can the churches do about alcoholism?" suggests several answers, challenging to all church members.

Q. What is an alcoholic?

A. An alcoholic may be described as a person with an uncontrollable or unmanageable desire for alcohol. Problems in various aspects of his life directly related to excessive drinking become chronic and ever more serious. And the individual increasingly shows a dependence upon alcohol to meet a variety of problems, even minor irritations and boredom.

Not everybody who drinks heavily is an alcoholic. Some persons drink to excess because they are stupid or foolish or because they seek the approval of those who look upon that kind of behavior with favor. Whatever the reason, they can stop drinking when they want to do so.

Not so with an alcoholic. Usually to stop drinking he needs a lot of help from the outside. He cannot go it alone.

Q. How can one identify an alcoholic?

A. Often it is not easy for an amateur to distinguish a true alcoholic from some other kind of heavy drinker. So far as the amateur's responsibility may go, it is not terribly important that he should be able to make a correct diagnosis of the condition we call alcoholism.

We can mention two characteristics which may be useful.

The first is the loss of control on the part of the alcoholic in a drinking situation. On ten occasions he may promise his wife that he will have only two drinks at a party, but eight out of these ten times he winds up cockeyed. When an alcoholic takes a drink he is frequently, if not usually, unable to limit himself to a moderate amount. For the time being, alcohol is the most important thing in his life.

The second identifying characteristic is the progressive nature of the disorder. The affliction begins as a hardly noticeable deviation from customary patterns of drinking. The symptoms become more and more obvious, increasing in severity from one phase to the next. Loss of control in drinking situations happens with growing regularity. Other signs of dependence upon alcohol appear—"sneaking" drinks, morning drinking, and the like.

Then comes a series of benders and a long period of progressive deterioration that involves every area of the alcoholic's life.

There are other evidences of an alcoholic's condition which sometimes appear to members of his family.

For one thing, an alcoholic is usually worried about his drinking. He knows that he is in trouble, although he may try to rationalize and escape responsibility in many devious ways. He cannot help seeing that he is different from other drinkers in the way that he needs and uses alcohol.

His anxiety often prompts him to try to limit his drinking, but these are usually temporary efforts to "prove" that he is on top of his problem.

Also, it may be observed by those close to an alcoholic that in the later stages of the disorder he is much more interested in alcohol than in food. His appetite all but disappears as alcohol, with its high caloric content, meets most of the immediate energy needs of his body. Failure to eat properly deprives the body of many foods essential to health and may lead to a variety of nutritional disorders. All this, we repeat, is evidenced in the later phase of alcoholism and is not to be regarded as a necessary symptom of alcoholism in its earlier phases.

Q. How many alcoholics are there in the United States?

A. It has been estimated that about six per cent of the people in this country who use alcoholic beverages are alcoholics.

There are nearly four million alcoholics in the United States; of these about one million have developed various physical and mental ailments as a result of prolonged excessive drinking.

Alcoholics are to be found in all segments of the population, rich and poor, all degrees of educational achievement, all occupations, all social levels. There are three exceptions: (1) As already stated, there are five to six times as many male as female alcoholics. (2) Almost eighty per cent of the alcoholics are between thirty and fifty years of age. (This means that about thirteen per cent of the male population in this important age group are alcoholics.) (3) Members of some ethnic or nationality groups show high rates while those in other groups, such as Italian Americans and orthodox Jewish Americans, show low rates. With

increasing assimilation to American life these differences tend to disappear.

The alcoholism rate varies somewhat from state to state. In 36 of the states, the range is only from 2,000 to 3,800 alcoholics per 100,000 population (of twenty years of age and over) or between 2 and 4 per cent of the adult population. Nevada and California show rates in excess of 6,000 per 100,000 adult population. The other ten states range from North Dakota's 1,368 to Georgia's 1,996.

The problem is more prevalent in urban and industrial centers than in cities under 100,000 population and in rural communities. It appears that the number of drinkers who become alcoholics is more than twice as high in large cities as in rural sections. We must remember, however, that many country drinkers who become alcoholics move to the cities, while city drinkers who "get that way" almost never migrate to rural areas.

Q. Is the number of alcoholics increasing?

A. The answer is yes, but that answer needs to be interpreted. A few years ago, from 1940 to 1947 or so, there was a real increase in the number of alcoholics in this country. This increase tapered off after 1947, and by 1950 a plateau seemed to have been reached with a possible decrease indicated.

Q. What is the basis of the alcoholic's craving for alcohol?

A. We wish we knew. It begins to appear that there are, not one, but rather several factors that could make one person become an alcoholic while another person in the same situation, and with a similar drinking pattern, does not get into trouble. Some theories about it emphasize physiological aspects while other theories suggest the dominance of psychological factors. The differences in rates for the ethnic groups mentioned earlier indicate that sociological factors are not irrelevant.

Of course, some organic factors may yet be found that tend to increase a person's chance of becoming an alcoholic. But that is not the whole story. The total personality is always involved, every part of a man's life is affected by the condition, and an approach in treatment that emphasizes the total person and his various needs may seem to be reasonable and practical.

Q. Can we not say, simply, that alcohol causes alcoholism?

A. If you do, you are gravely oversimplifying the condition. It is misleading to say that alcohol alone is the cause of alcoholism, since the proportion of drinkers who become alcoholics is, at the present rate, one in sixteen. If only alcohol "caused" alcoholism the ratio would have to be much higher, if not indeed at the level of one to one. Clearly, other

factors must also be present. It is equally clear that there could be no alcoholism without alcohol.

To say that alcohol causes alcoholism is about the same as saying that automobiles cause automobile accidents, although this comparison should not be pressed too far.

Q. Are certain kinds of people more likely to become alcoholics than other kinds?

A. The answer, in general, is no. There is no "alcoholic type" of personality. An alcoholic is not necessarily a weak-willed person as contrasted with a strong-willed person; in fact, it is more likely to be the other way around. Alcoholism tends to be higher among bartenders than in any other occupational grouping, but that would seem to be a matter of occupational hazard rather than personality type, or, even more likely, a case of the occupation being attractive to many incipient problem drinkers.

Q. Is the alcoholic a sick person?

A. Yes, he is, and he needs help. Any view of alcoholism that does not begin with a recognition of this fact is unworthy of the churches. The mission of the churches in helping persons who are in trouble is not to blame or to sit in judgment, but to bind wounds and make men well.

Q. Is there hope for the alcoholic?

A. Yes, but most alcoholics need a lot of help in order to achieve real recovery. Hope for his recovery is greatly increased when the members of his family, his employers, his closest friends really understand the nature of his difficulty.

Q. What is the movement called Alcoholics Anonymous?

A. Alcoholics Anonymous is a movement in which alcoholics help one another to achieve permanent sobriety and to become useful citizens. It is absolutely essential for anyone interested in the problems of alcohol, particularly in alcoholism, to know what AA is and how it works.

The unique feature of AA is that it is composed entirely of alcoholics who have found recovery or are finding it by AA methods. The price of admission is a plea for help.

There are AA groups in about four thousand communities across the country. It is estimated that there are some 150,000 active members at the present time. Groups are found in more than fifty countries. Every local group is a loosely knit, voluntary fellowship of alcoholics. Their binding purpose is to help one another to live sober and useful lives. Men and women of all ages belong to AA. They come from all sorts of backgrounds and from every profession and occupation.

The heart of the AA movement is "the program of recovery" which is outlined in twelve steps (see the back cover of this issue of SOCIAL

PROGRESS). These steps are deeply religious in orientation and in tone. In the AA method, two recovered alcoholics, one perhaps more experienced than the other, seek together to help a third person, using the Twelve Steps as the basis of their efforts.

AA is concerned only with helping alcoholics. It rightfully feels that for the movement or its representatives as such to take positions on other phases of the problems of alcohol would diminish their effectiveness in the one thing they are called to do.

We cannot help remarking that at a time when a good many persons in the medical profession and others interested in alcoholism, such as people in the social work field and even in the ministry, were throwing up their hands in dismay, saying that we did not know enough about alcoholism to do anything useful about it, along came a couple of amateurs, themselves recently recovered alcoholics, who launched a program that has brought dramatic help to tens of thousands of persons in desperate trouble.

Q. Well, what can the churches do about alcoholism?

A. That is a very proper question. Alcoholism is an appropriate subject of Christian concern and churches should be alert and ready to extend their full ministry to alcoholics and their families.

Yet there are some people in our churches who are so anxious to remove alcohol from society that they look upon efforts in behalf of alcoholics as some sort of dangerous compromise. They seem to believe that to recognize alcoholism as an illness calling for treatment rather than for censure and punishment is to endorse the use of alcoholic beverages. This attitude is a contradiction of the Christian spirit. Churches that embody the compassion of Christ cannot be disinterested in the plight of those who have been hurt through their use of alcoholic beverages.

The churches can do much to extend pastoral care to alcoholics and their families. It is important, however, for ministers to have a "working knowledge" of the nature of the disorder, and skill in counseling.

Churches can also encourage the setting up and the strengthening of services in the community, both public and private, for the care and rehabilitation of alcoholics.

Above all the churches can help their members, and other people in the community, to understand the nature of the problem—that is, how the afflicted persons think and feel. This is essential to a compassionate approach. The word for it is empathy.

IV. The Yale Center

The 1953 General Assembly of the Presbyterian Church in the U.S.A. commended the work of the Yale Center of Alcohol Studies: "We express our confidence in the Yale Center of Alcohol Studies as a dependable source of information about many of the problems related to the use of alcoholic beverages, and commend its studies and publications to our churches and ministers." Yet some have been skeptical about this research concerning the causes and effects of alcoholism, others about the source of Yale's financial support.

The staff of the Department of Social Education and Action has interviewed Dr. Selden D. Bacon, Director of the Yale Center, Dr. Leon Greenberg, Associate Director, and other members of the Yale group. We are proud to present the following results of these interviews which incorporate Yale's answers to many of the questions raised about its work in alcohol studies.

Q. What is the Yale Center of Alcohol Studies?

A. It is a division of the Laboratory of Applied Physiology, which is a department of Yale University. When the Laboratory's interest in alcohol problems led to staff additions of many researchers who were not physiologists—e.g., psychologist, lawyer, sociologist, educator—it was felt that the title "applied physiology" was misleading. The new men were not physiologists, nor were their studies physiological. However, there was a definite intent to have the representatives of the different disciplines appreciate the questions, methods, and conclusions of the physiologists and vice versa. Alcohol served as a central object of interest, allowing a very real cross-disciplinary growth. The major functions of the Center are those of research and dissemination of knowledge and understanding. In addition, carrying out the philosophy of the parent organization, the Center attempts to study application of its conclusions in actual life situations. It measures the results of field activity stemming from these conclusions and refines or restudies them when the application suggests that the academically achieved understanding was inadequate. Further, the field applications almost invariably suggest new problems for work in the laboratory, library, or clinic. There are about fifteen members of the regular professional staff

of Laboratory and Center, not all of whom are full-time. They are all members of the Yale faculty, some of them holding joint appointments from the Center and from the department representing their particular discipline.

Q. How did Yale happen to take an interest in this field?

A. It was the Laboratory of Applied Physiology that developed this interest. The Laboratory was created in the early '20's under the leadership of Professor Yandell Henderson. During the first eight or ten years no very great attention was paid to research on alcohol—certainly it was not a major subject of study and there is no reason to believe that this was ever planned. Dr. Henderson was interested in the problem and wrote one book in the field, but this was not one of the subjects upon which his international reputation was based. Nor did Dr. Howard Haggard, his assistant and later successor as director of the Laboratory, spend any great amount of time in alcohol research until about 1930. If any one subject stood out in their researches, it was probably that of respiration, especially in relation to toxicology.

In 1930 and 1931 Dr. Haggard with his assistant, Dr. Leon Greenberg, now associate director of the Laboratory, started some intensive studies of the metabolism and the physiology of alcohol. Just why this emphasis developed is perhaps a matter of guesswork. However, the continuation of their interest was probably not uninfluenced by some of the following facts: First, studies from 1915 to 1930 in the field of nutrition, especially the work on vitamins, indicated that much of the earlier work on alcohol, particularly the conclusions on the diseases of alcoholism, was invalid. Secondly, alcohol presents an excellent medium for research, being a distinct, measurable entity with manifestly significant effects on the functioning of the total body. Thirdly, the subject of alcohol was one of great public interest. Fourthly, despite enormous quantities of publication on the subject there was a great scarcity of scientific study. And then, once their work had gotten under way, the amount of interest and the increasing requests for more information rather naturally led them to continue in these studies.

As their work progressed, two conclusions emerged which were to prove highly significant for future developments. One of these concerned the nature of the problems of alcohol: They were not simple problems; they could not be described in terms of any *one* of the traditional disciplines (e.g., physiology, religion, law, psychology, etc.); nor could practical answers be developed by or through any *one* medium. The second conclusion concerned the extent and the intensity

of interest in these problems: The schoolteacher wanted better educational materials; the physician wanted more effective means for dealing with alcoholics; ministers, discovering that legislation of any sort was not a sufficient answer to the problems of alcohol faced in their work, wanted information and ideas; both those in the beverage industries and those in temperance work showed more than passing interest in the results gained by a scientific approach despite the very different motivations not only between them but between either of them and the researchers. Perhaps above all, the growing interest in alcoholism, in the problem of motor vehicle accidents related to drinking, and in the ever-present and always too large category of drunkenness offenders in the police stations, courts, and jails, provided a continuing stimulus for a wide and heterogeneous public to ask for more information.

In response to the ever-growing demand for the dissemination of information, two major projects were started in 1939. First, to make possible a means of publication for the growing amount of research and to provide a central source of information, the *Quarterly Journal of Studies on Alcohol,* was founded. Secondly, a master bibliography on scientific studies dealing with alcohol and a continuing abstract file on all current research were started.

However, this sort of publication was too specialized for the general public. In 1941 a series of fifteen-page articles called the Lay Pamphlets was inaugurated. In the following years books, memoirs, reprints from the *Journal,* pamphlets, posters, and other publications, many of a popular or semipopular nature, have been released by the *Journal.*

Such publications served a worthwhile function in the attempt to meet public demand, but the volume of requests for advice, information, or direct help was still overpowering. It was this situation that in 1943 led the Laboratory to institute, under the directorship of Dr. E. M. Jellinek, the Yale Summer School of Alcohol Studies. Held annually during July, the School will hold its fourteenth session this coming summer and will matriculate its two thousandth student. The graduates of the School have played a tremendous role in spreading information, stimulating interest, and organizing and maintaining new services in relation to the problems of alcohol.

In recent years the student body has numbered between 160 and 190 men and women at each session. They have come from 47 of the states, 9 Canadian provinces, and 17 other countries. Educators, ministers, and those in social work and allied fields have formed the largest categories; physicians, police officers, nurses, psychologists, judges,

public health officers, temperance workers, representatives of the beverage industries, many members of Alcoholics Anonymous, and a wide variety of others make up this large body of persons interested in the problems of alcohol.

Still another means of stimulating interest, disseminating information, and introducing new activities was started by the Laboratory late in 1944, this instance being related specifically to alcoholism. The National Committee for Education on Alcoholism was formed to initiate local and regional committees of citizens to spread information about alcoholism, about what could be done to meet this problem, and to stimulate the development of services for therapy, rehabilitation, and prevention. After five years, by which time forty such committees had been formed the country over, the national organization had grown too large to remain as merely a division of one department at a university, and became an independent entity, changing its name to the National Committee on Alcoholism.

In 1943 the first clinic for alcoholics was established by the Laboratory in New Haven. With a grant from the Connecticut Prison Association a second clinic was opened shortly afterward in Hartford. These, the first Yale Plan Clinics, were models for similar developments and shortly were adopted by the state commissions on alcoholism. The first of these, the Connecticut Commission on Alcoholism, gradually expanded its services to cover the state, and today the original Yale Plan Clinic is primarily a research organization. Similar commissions have since been developed in more than 30 states and 4 Canadian provinces. Graduates of the Yale Summer School have held executive and staff positions in all but two of these organizations. In the last session of the School more than 80 of the students were sent by such state and provincial commissions.

Q. What are the major activities of the Center and Laboratory at the present time?

A. Operating the Summer School, publishing the *Journal* and many semipopular items, conducting the Clinic which still serves a few patients, and acting as a general source for advice, information, and consultation on all sorts of problems related to alcohol—these have all been described. A special word should be given to the abstract service. Known as the Abstract Archive of Alcohol Literature, this material is now published on slotted cards which are pre-punched so that by a simple manual operation a student can in a few minutes gain abstracts of all the known scientific research bearing on his problem; not only does this allow enormous perspective and orientation, avoid duplication of effort, and suggest new questions, it also saves great amounts of time—so much so

that the Archive may be almost credited with "making" research which, without its service, would, for reasons of time-expenditure alone, never have been accomplished. In 1952 the World Health Organization made a grant allowing the publication of these cards and today there are 27 repositories of the Abstract Archive in 19 countries, 6 being in the United States.

Research is the core of the activities at the Laboratory and Center. Application of findings based on this research to actual life problems regularly accompanies these studies. At the moment the major study at the Laboratory concerns investigations of the psychological functioning of alcohol in the human being (in respect to what popularly might be termed emotionality), correlated in so far as possible with physiological changes. On the level of cultural studies, Dr. Snyder is about ready to publish the results of a three-year study on the drinking habits and attitudes of American Jews. An exploratory study aimed at studying the effects of treatment for alcoholism over a five-year period was started at the close of 1954.

A long-range educational program involving discussion-type moving pictures and accompanying materials for study is under the direction of Professor Raymond McCarthy. One such picture came out a few months ago; a second is to be released next fall.

An industrial program pointed at problem drinking and incipient alcoholism in industry is in its fourth year; so far, this has been almost entirely on the applied side.

These projects do not include all studies being pursued or planned, but do suggest the scope of action. Special mention might be made of the master bibliography of alcohol literature (more than five times the number of titles included in the Abstract Archive) which has been in part completed but awaits subject classification. When accomplished, researchers in the field of alcohol studies will possess really effective tools for research.

Q. What is the attitude of leaders at the Yale Center with respect to the problems of alcohol?

A. Certainly the leaders and presumably all the members of the Laboratory and Center staff are interested in the development and application of increasingly effective means for alleviating, controlling, and above all preventing the occurrence of these problems. However, the question possibly implies more than it makes explicit. The question might well suggest that if the Center wishes to do something about these problems, "Why don't they do what we do?"

The attitude of the Center is readily specified on this point. They are not an "action group," but a research group. That they believe in the efficacy of applied research may

result in their working with techniques for meeting the problem of driving "under the influence" or with techniques for surveying the incidence of alcoholism. Such activities, however, are not goals in themselves for the Center. The Center is not an organization in the business of making surveys, establishing programs to control driving "under the influence," or evaluating therapeutic programs.

Rather does the Center publish its results, explaining its methods, so that others may use them. Its purpose is concerned with increasing understanding through definition, measurement, experiment, establishment of relationships, structures, and sequences. In so far as education is concerned, however, it does play an active role, since education is held to be an appropriate function of the Center and Laboratory. It is the belief of those at the Center that action programs must necessarily benefit from the emergence of honest, objective research that is relevant to their problems.

The Center and Laboratory also have interests and attitudes about the phenomena that constitute and that are related to the human use of alcohol. No one at the Center is, to coin a term, an alcohologist, nor do any of them feel that there is any propriety to a scientific discipline which might be called "alcohology." The sociologist can be interested in attitudes about drinking and practices of using alcohol as a beverage in order to learn more about custom and attitude. The understanding that is gained through study of this phenomenon is useful primarily for the more effective understanding of all human phenomena. Research in this field happens to be an excellent vehicle for behavioral study. The same is true (for similar and also for some different reasons) for psychology, for law, for physiology. The reasons are probably too specialized to discuss here, but it can be suggested that the use of alcohol can be sharply defined; that it is subject to controlled experimentation; that it has direct effect on behavior, perhaps most importantly on learned behavior; that as a social practice it is related to all sorts of life situations; that it is an excellent material for observing the interaction of physical, psychological, and social elements in human behavior. It should be clear that handshaking, love, war, the price structure, crime, measles, fashions, political parties, ethics, art, and communication, to suggest a few subjects at random, do not have such advantages for the objective study of human and group behavior.

The researchers at the Laboratory and Center can thus be seen to have specialized scientific interests in the phenomena quite aside from the fact that some of these phenomena appear or do not appear as immediate problems to one or another group in the society. It is assumed by scien-

tists that as general knowledge or principles are established they will necessarily be useful for understanding specific problems in many fields.

Q. Why are some people in the temperance organizations and in the churches so critical of Yale?

A. The answer will refer only to criticisms by temperance groups; I do not know of church groups as such which have been critical, although certain of the temperance groups may form divisions of a church. Actually, the W.C.T.U. has been about the only temperance group consistently and publicly critical of the Center and Laboratory. And even the W.C.T.U. has not always been completely disapproving.

Perhaps the first reason for such criticism is the matter already discussed: the Center is a research, not an action organization. As a result, although both groups might well unite on long-range goals for the greater alleviation, control, and prevention of problems related to alcohol, the orientation and the courses of action of the two groups may be strikingly different. For one thing, a large and certainly for many years a dominant section of the American temperance movement was clearly militant and political in nature. There was mass organization; there were announced enemies; there were slogans and curses; there were formalized tactics for local conflicts, and so on. Without in any way disparaging such an approach (and it is common knowledge that such approaches have achieved major changes), it is hardly necessary to point out that it is utterly incompatible with an approach of a scientific nature. Science does not create slogans; rather it measures the meaning of words and concepts. The sort of conflict that may arise between such different approaches can be briefly illustrated by the following examples.

For decades many temperance leaders used slogans to the effect that alcohol was a poison. This is a brief, simple, dramatic, and forceful statement and as such was undoubtedly felt useful by many temperance workers. The scientist on seeing such a statement wants a definition of alcohol and a definition of poison and a comparison of the two in order to test the validity of the concept. It turns out, of course, that such a slogan cannot be defended if carefully defined meanings are attached to the two words. Only if the word "poison" can be defined as "an entity which taken internally can *sometimes* (especially if taken in large amounts, daily, over many years and to the exclusion of other materials) injure certain organs or their functioning either directly or indirectly" can one say that beverage alcohol is a poison. And, if poison is so defined, then the number of other items (e.g., sugar, salt) which also become poisons renders the word "poison" rather useless. This sort of approach,

damaging to an effective tool of a militant group, is a source of inimical feeling.

Again, attacks on the liquor industry are a major weapon of certain temperance groups. Such attacks are not relevant to and are even decidedly inappropriate for a research approach. The failure of the research group to make such attacks may explain the suspicions that some temperance leaders entertain of the Yale Center.

A final illustration concerns the definition of the problem. The action group is always prone to adopt sweeping, simple, and dogmatic definitions. Their definitions are likely to incorporate or be based upon an ethical belief. In many instances it is a deeply held feeling of the proponents that if one does not agree and act with them, then one *must* be against them. Scientific method calls for discrimination, exactitude, and a continuing freedom to investigate every and any principle; the assertive, the oversimplified, and the didactic, so often valuable for immediate mass action, are anathema to the scientific approach.

Finally, the scientific method is based upon verification by objectively described fact and, at least to this time, is not applicable to the "should be" aspect of ethics. As a result the scientist, when communicating in his professional role, cannot say that certain phenomena are "good" or "bad." Whereas the "action group" member almost always considers this sort of conception to be the basic yardstick, to be the core of definition.

The scientific researchers won't say that alcohol or the liquor industry or drinkers are "bad" and that abstainers and the temperance forces are "good." It is perhaps unfortunate that some temperance leaders have felt impelled to announce that the Yale group is therefore "for" liquor and "against" abstinence. It should be emphasized that the sort of criticism here discussed is *not* characteristic of the individuals or of the groups interested in temperance or in abstinence but is shown by a segment of those groups.

Finally, it should be clear to anyone that research without ethic and without action is socially sterile. That different groups rather than one monolithic institution should be involved in the over-all process of approaching more effective ways of life would be a philosophy to which the staff members of the Center and Laboratory would almost certainly subscribe.

Q. We have a list of specific questions which people critical of Yale consider to be crucial or which in some instances are presented as assertions of fact which suggest there should be general distrust of the Center. First, Are the findings of Yale in harmony with European research or, stated in more aggressive form, Why does Yale disregard European research?

A. The immediate answer is very simple. Yale does not disregard European research. If one wishes to view the evidence, merely look at the Abstract Archives or pick up copies of the *Quarterly Journal.* In the last (December, 1954) issue there was one original article from Yugoslavia. Of 94 abstracts of current articles, 45 came from outside this country. Not as yet abstracted, but reported by author, title, and publication volume, page, and date were 118 other reports; of these, 83 came from outside this country. In simple fact, the Yale Center and Laboratory are the chief, if not indeed the only, avenue by which European and other foreign research on alcohol is made generally available in this country.

There can be no comment on the matter of harmony or disharmony, of agreement or disagreement, between researchers, because this could be discussed only in terms of particular findings. That there is more Yale criticism of Swedish or Italian or Mexican or even all non-United States research methods or conclusions than there is of such research originating in the United States is very questionable, although how one would count and evaluate each instance is difficult to imagine; even more difficult would be an explanation of why one would so spend the necessary time and energy. Nor does the *Journal* abstract or report upon modern temperance speeches (or liquor industry advertising or arguments) of this or of other countries unless on rare occasion they seem to have value for scientific purposes. In fact, the only excuse for answering this rather fantastic criticism is to illustrate the wide and intensive scope of the bibliographic work of the Center and Laboratory.

Q. Has Yale Center ever received substantial support from the alcohol beverage industry?

A. If the industry can be subdivided into three parts—distillers, vintners, and brewers—it can be said that Yale has never received any support from the distillers or from the vintners. Several years ago the Center received a large personal gift from an individual who is connected with the brewing industry. He was a Yale graduate and a one-time student of Dr. Haggard. It should also be said that he was involved in many other business affairs.

In the last two years a rather large grant was made for a laboratory study by a research institute backed by the brewers.

Since the Yale Center has been attacked by the so-called "wets" and the so-called "drys," it should be added that no "dry" organizations as such have given financial support to the Yale Center. In terms of policy, the Center would be willing to accept support from any group, granted that there were no strings attached, and that such support would be less than 30 per cent of its entire budget in a year. If the money

were designated for the study of a specific problem, that problem would have to be one in which the Yale group was interested as one appropriate for research. Yale would insist on complete freedom in the development of the project.

Q. Is it true that Yale is interested only in the rehabilitation of alcoholics and not in the prevention of alcoholism?

A. Yale is primarily interested in the study of alcohol. Alcoholism is one of the pathological studies in which Yale has had deep interest. From a public health viewpoint, Yale is and always has been far more interested in prevention than in rehabilitation. It has seemed clear to those at Yale, as to researchers in other fields in public health, that prevention is achieved by working first through rehabilitation, moving from last stage cases to middle and early stage cases and thus gaining greater understanding not only of alcoholism but of alcohol and drinking in wider and wider segments of the population.

Q. Since some of the men at Yale and some of the lecturers used in the Summer School of Alcohol Studies are not teetotalers, can their statements about alcohol be objective?

A. The statements made by the members of the Yale group are based not on their beliefs or their opinions, but on scientifically determined evidence, which can be tested by anybody, whether he drinks or abstains. It is rather ridiculous to suppose that because a person is a moderate drinker, a teetotaler, or even an early stage alcoholic, he is thereby incapable of being objective in his statements about drinking. We would not suggest that the only reliable studies of highway safety were made by persons who have never been involved in automobile accidents.

Q. Is it true that Yale stands for moderation rather than for abstinence? Is Yale wittingly or unwittingly encouraging the moderate use of alcoholic beverages?

A. It should be stated again that the Yale Center is a research and not an action organization, and it does not stand *for* moderation or *for* abstinence, or *against* moderation or *against* abstinence. Naturally, it hardly stands for excessive behavior of any sort, but primarily it is a research organization. It is interested in teaching about alcohol and its problems, rather than telling people or teaching them what they should do.

V. Toward a Solution

For more than a century the American people have attempted, by many means, to bring a solution to the problems of alcohol, especially those related to excessive drinking. There have been many efforts to bring the alcohol beverage industry under control and to limit the availability of liquor.

Besides attempting to restrict the trade, society has used various means to educate people concerning the dangers of drinking. In this effort voluntary groups, schools, and churches have joined.

There is great need now for a searching appraisal of the temperance movement in America, especially in relation to the initiative and responsibility of the churches in bringing realistic solutions to bear upon the problems of alcohol.

Q. When did people first become concerned about the problems of alcohol?

A. A long, long time ago. Practically every society in which drinking has occurred has tried to exercise some control over the use of alcoholic beverages. In some primitive tribes, for example, drinking was restricted to periodic orgies, often of a religious nature, in which men alone participated. They surrendered their weapons to the women of the tribe, who stood guard until the orgy and the subsequent tribal "hangover" had passed.

The seventy or more references to the evils of excessive drinking in the Bible suggest the extent to which the people of ancient Bible times and places were concerned with some of the problems of alcohol.

The remarkable Code of Hammurabi, which was the basic law of ancient Babylon twenty centuries before Christ, included this regulation: "If outlaws collect in the house of a wine seller, and she does not arrest these outlaws and bring them to the palace, that wine seller shall be put to death." There were problems of alcohol 'way back there and drastic efforts to solve them.

Q. Are the problems of alcohol the same now as they were in ancient times?

A. Generally speaking, they are similar, although two new factors aggravate problems related to drinking.

One of these factors is the invention of distillation and its application to the manufacture of distilled beverages of greater potency than

anything ever before available. This occurred only four centuries or so ago. The availability of distilled liquors makes the problems related to alcohol different in important respects from what they would be if only fermented beverages were available.

The second factor is the industrial age. The automobile alone has added dimensions to the problems of alcohol never before known. However, the complexity of social organization, the density of population, and the great mobility of ideas, things, and people, all of which accompanied industrialism, have made the use of alcohol more potentially dangerous than any single invention.

Q. When did the "antialcohol" movement begin in this country?

A. In colonial times there were occasional warnings against drunkenness, and public intoxication was sometimes severely punished. Practically no concern was felt about moderate drinking. Those were the days when ministers and teachers often were paid partly in grog.

In 1774, a Quaker educator by the name of Benezet published a pamphlet in which he declared that any drink "which is liable to steal away a man's senses and render him foolish, irascible, uncontrollable, and dangerous" is unsafe as a common beverage. In 1784, Dr. Benjamin Rush of Philadelphia, America's most noted medical teacher and practitioner of the time, published a tract entitled *An Inquiry Into the Effects of Ardent Spirits Upon the Human Body and Mind.* This was a classic in temperance literature for a hundred years. The first temperance society was formed in Connecticut in 1789 by two hundred farmers who agreed not to provide grog for hired men in the fields. Societies for the general promotion of temperance appeared in 1808 and the years following with strong support from the churches. The first national temperance convention met in Philadelphia in 1833 and resulted in a national union with a combined membership of more than 500,000 persons.

The early drive was against the use of ardent spirits. Between 1836 and 1840, however, total abstinence from all alcoholic beverages became the basis for membership in nearly all local temperance societies.

Q. Were the early temperance advocates interested in alcoholism?

A. They were very much interested in alcoholism, although the disorder was not as clearly identified as it is today. Dr. Rush's tract viewed chronic drunkenness as an illness.

The temperance movement of the nineteenth century was profoundly influenced by the Washingtonian Society, which was organized in Baltimore in 1844 by a group of reformed drunkards. Its central purpose was to reclaim inebriates to sobriety and social usefulness. It is said that

within the ten years or so of its most active life, some 100,000 former drunkards were helped by the organization and its activities. Before the outbreak of the Civil War, however, the Washingtonian movement had largely run its course.

Q. When did national prohibition become the objective of the temperance groups in America?

A. In the 1840's several temperance organizations launched efforts to restrict the use of alcoholic beverages by means of local and state legislation. A law banning the sale of liquor was passed in New York in 1845 but was repealed two years later. In 1851 Maine adopted state-wide prohibition. By 1855 twelve other states (out of thirty) had prohibition laws. During the Civil War and immediately after, however, all the dry states but Maine repealed or relaxed their prohibition restrictions.

Efforts to outlaw alcoholic beverages by state prohibition were renewed in the 1880's and eight states were in the dry column by 1890, although in only three was the experiment more than short-lived. A third surge of prohibition sentiment began in 1907 and continued as a rising tide until in 1917 there were 25 dry states. National prohibition was achieved three years later.

Q. Why did national prohibition fail?

A. National prohibition became a reality in 1920 with the adoption of the Eighteenth Amendment to the Constitution. It began as a popular cause among the people who were genuinely aroused by the irresponsible behavior and the unholy alliances of the saloons in many communities.

Prohibition's decline in popularity was influenced by two factors. First, American drinking constituted a multitude of different customs each of which was interwoven with many practices, ideas, and organizations; the attempt to cut out and erase these many and varied customs proved to be far from a simple maneuver. Secondly, the problems, which so many people associated with drinking and which to some were held identical with drinking, were in fact not only difficult of solution but were also of great variety and complexity; the proposed solution, however, was single, simple, and inflexibly uniform.

Other factors often held to be of importance in the increasing ineffectiveness of this law were these. (1) A large segment of the public previously disinterested or "benevolently neutral" became hostile to the operation (or nonoperation) of the law; to label them wets is probably a mistake, but they might properly be called antiprohibitionists. (2) The enforcement of the law was rarely handled well and was often openly sabotaged by the very persons responsible for such action. (3) Temperance and other educational activity, essential for the success of any

legislation so markedly affecting a widespread custom, not only was not increased but actually was greatly relaxed. (4) A well-organized and broadly based campaign for the repeal of the amendment was persistently and skillfully conducted.

Q. Can we use the same approach to the problems of alcohol that was used by the early temperance workers one hundred years go in America?

A. We have already pointed out that there has been a considerable change in the pattern of drinking in America over the last ten or twelve decades. Many of the approaches advocated by some present-day temperance workers seem to be related more to what was happening in 1850 than to the present situation. They are not very useful in providing realistic solutions to the problems of alcohol as we know them today.

The problem here is well stated by Dr. Robert Straus and Dr. Selden D. Bacon in the recent Yale publication, *Drinking in College:* "When it is recalled that between 1800 and 1850 the per capita consumption of absolute alcohol was slightly higher than today, but a much smaller proportion of the population drank—meaning that those who drank did so heavily and frequently—that drinking was almost entirely in the form of distilled spirits, and that the frontier type of drinking was at its peak, it is not difficult to understand why the Temperance Movement came to consider alcohol, drinking, drunkenness, and alcoholism as one concept, and all productive only of evil. The proportion of instances of drinking accompanied by socially unacceptable behavior was far, far greater then than it is today, or has been for generations. But the conception of drinking based on the unfortunate manifestations of 1800 to 1850 remained frozen, so to speak, in the Temperance Movement—and the Temperance Movement was the only movement. No other conceptions based on objective study of custom and behavior and other types of facts have been available for those who have had to deal with the problems of drinking. The power of the movement has been so great that many who are not sympathetic with it, including numbers even in the alcohol beverage industry, unconsciously accept its definitions of problems."

Q. Well, what should be our approach today?

A. Is it not time for us in the churches to recognize that there is not a single solution for all the problems of alcohol?

We need to know much more than we do now about the drinking customs in various segments of the American population, and about the problems related to drinking. We need to be objective in getting and interpreting the facts, and realistic in finding solutions.

We believe that some of the

churches have made a step in the right direction in their promotion of a threefold program: (1) concern for alcoholics and their families and other victims of alcohol; (2) scientifically oriented and ethically sensitive alcohol education, upholding the standard of voluntary abstinence; (3) appropriate public action, realistically conceived, to restrict and control the distribution and use of alcoholic beverages.

Q. To what extent should the churches co-operate with temperance organizations?

A. It is important for churches to take initiative in developing their own programs of education and action relating to the problems of alcohol. The task cannot be assigned to agencies over which the churches have little or no control. The responsibility of the churches in this matter is a fact which must be recognized and accepted by the temperance groups and their leaders.

In doing their own thinking and planning, the churches are able to deal with problems that lie outside the direct concern of most of the temperance groups. In the field of pastoral help for the victims of alcohol, for example, the churches have a unique contribution to make.

The General Assembly of the Presbyterian Church in the U.S.A., in 1954, encouraged the churches "to participate in the work of state and national temperance organizations whose purposes and programs are in harmony with the goals of our Church." The General Assembly went on to ask the churches "to withhold endorsement of such temperance groups as do not support our concern for alcoholics, or which in other ways exhibit an unrealistic or partial view" of the problem of alcohol.

Q. Why do the churches uphold a standard of voluntary abstinence?

A. Let it be said first of all that not all the churches uphold this standard. Many churches in the Lutheran and Anglican traditions advocate the "moderate" use of alcoholic beverages. Jewish and Roman Catholic groups likewise advocate moderation, although there are notable exceptions on the part of some members of the Catholic clergy who encourage total abstinence. Most churches in the evangelical tradition, however, uphold abstinence as a Christian ideal for their members.

The case for voluntary abstinence may be based on four considerations:

1. Occasional and moderate drinking, however harmless it may seem to be, is sometimes an introduction to problem drinking. The risk is fairly high. According to present data, one in eleven or twelve of all who begin to drink becomes a problem to himself and others.

2. Moderate drinking provides the setting in which problem drink-

ing, with all its accompanying tragedy, occurs.

3. Moderate drinkers are the principal influence in recruiting new drinkers. They set the pattern for drinking in the United States today.

4. Even slight amounts of alcohol can affect a person's efficiency and behavior in such a way as to cause trouble. One does not have to be drunk in order to be hurt by alcohol. Beyond a doubt, many automobile accidents today are caused by persons who are only mildly under the influence of alcohol.

These points add up to the conclusion that it is prudent not to drink. On the basis of the greatest good for the greatest number, abstinence is better than indulgence.

For those who live by the light of the Christian ideal, however, there is a morality that goes beyond prudence. We are all "bound in the bundle of life." We are expected to help others to be all that God wants them to be. We are to heed the admonition "that no man put a stumblingblock or an occasion to fall in his brother's way."

One young man put it this way: "When I am at a party and the host brings in the drinks, I know that some persons there ought not to drink because they will be driving others home. Some ought to keep away from the stuff for their own good. Well, by not drinking I help those not to drink who ought not to drink. My example counts for something, and as a Christian I feel responsible."

Q. Does this mean that anybody who drinks is part of the "problem"?

A. Look at it this way. For too long we in the churches have drawn the line in such a way as to put everyone who uses alcoholic beverages on the side of the "problem" and everyone who abstains on the side of the "solution." Thus we have made it virtually impossible for anyone who is not a total abstainer from alcoholic beverages to work with us in dealing with such problems as alcoholism and driving "under the influence." Would it not be possible for the churches to revise their strategy and to draw the line between the "problem" and the "solution" in such a way as to make it possible for many persons who conscientiously do not choose to be abstainers, but who are nonetheless deeply disturbed about many of the problems of alcohol, to work with us toward their solution?

Many people in our churches today believe that this can be done without compromising our witness for voluntary abstinence as the Christian ideal.

Further Reading

Alcohol and Christian Responsibility, by Clifford Earle. A source book and study guide on all phases of the alcohol problem. 65 cents.

Let's Face the Issue. The statement of the 158th General Assembly. 10 cents.

Ethyl Is Not a Lady, by Clifford Earle. 25 copies, 75 cents; 50 copies, $1.50; 100 copies, $2.50.

The Church and Alcohol, by Clyde M. Allison. *Crossroads* Reprint. Free.

When Alcoholism Invades the Family. 5 cents; 20 copies, $1.00.
Presbyterian Distribution Service—156 Fifth Avenue, New York 10, N. Y.; 71 East Lake Street, Chicago 1, Ill.; 234 McAllister Street, San Francisco 2, Calif.

A. A. 44 Questions and Answers About the Program of Recovery. 15 cents. The Alcoholic Foundation, Box 459, Grand Central Annex, New York 17, N. Y.

How to Help an Alcoholic, by Clifford Earle. $1.50.

Alcohol and Social Responsibility, by Raymond G. McCarthy and Edgar M. Douglass. $3.50.

Basic Information on Alcohol, by Albion Roy King. Paper, $1.50; cloth, $3.00.

Alcohol Explored, by H. W. Haggard and E. M. Jellinek. $3.00.

Drinking in College, by Robert Straus and Selden D. Bacon. $4.00.
Westminster Book Stores—Witherspoon Building, Philadelphia 7, Pa.; 220 West Monroe Street, Chicago 6, Ill.; 315 South Broadway, Los Angeles 13, Calif.

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Club Orders	(to *separate* addresses):
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11—100 yearly subscriptions	75 cents each

Allow 2 months for new subscriptions.

The Twelve Steps

Step One: *We admitted we were powerless over alcohol—that our lives had become unmanageable.*

Step Two: *Came to believe that a Power greater than ourselves could restore us to sanity.*

Step Three: *Made a decision to turn our will and our lives over to the care of God as we understood him.*

Step Four: *Made a searching and fearless moral inventory of ourselves.*

Step Five: *Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*

Step Six: *Were entirely ready to have God remove all these defects of character.*

Step Seven: *Humbly asked Him to remove our shortcomings.*

Step Eight: *Made a list of all persons we had harmed and became willing to make amends to them all.*

Step Nine: *Made direct amends to such people whenever possible, except when to do so would injure them or others.*

Step Ten: *Continued to take personal inventory and when we were wrong, promptly admitted it.*

Step Eleven: *Sought through prayer and meditation to improve our conscious contact with God as we understood him, praying only for knowledge of his will for us and the power to carry that out.*

Step Twelve: *Having had a spiritual awakening as the result of these Steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.*

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